



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Darrell L. Reed, Treasurer
AIL Systems Inc. Political
Action Committee
455 Commack Road
Deer Park, NY 11729

MAY 24 1995

Identification Number: C00292953

Reference: 30 Day Post-General Report (10/1/94-11/28/94)

Dear Mr. Reed:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a political committee, other than a multicandidate committee, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$1,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the contributor. In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line

23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



~~John M. Miller~~
Reports Analyst
Reports Analysis Division

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SCHEDULE B

ITEMIZED DISBURSEMENTS

No express statement
or conclusion of the
Disbursement Page

PAGE 3 OF
1
FOR LINE NUMBER
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of making contributions or for other purposes, other than using the name and address of any political committee to make contributions from such committee.

NAME OF COMMITTEE (or Party)

All Systems Inc. Political Action Committee

| | | | |
|--|---|--|--|
| 1. Full Name, Mailing Address and ZIP Code Jim Hansen Committee | Purpose of Disbursement Representative: J. Hansen '94 Re-election Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 10/20/94 | Amount of Each Disbursement This Period \$500.00 |
| 2. Full Name, Mailing Address and ZIP Code Lazio for Congress '94* | Purpose of Disbursement Representative: R. Lazio '94 Re-election Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 10/21/94 | Amount of Each Disbursement This Period \$1,000.00 |
| 3. Full Name, Mailing Address and ZIP Code Friends of Congressman Hochbrueckner | Purpose of Disbursement Representative: G. Hochbrueckner '94 Re-election Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 10/21/94 | Amount of Each Disbursement This Period \$1,000.00 |
| 4. Full Name, Mailing Address and ZIP Code Dan Price for Congress | Purpose of Disbursement Representative: Dan Price '94 Election Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 10/24/94 | Amount of Each Disbursement This Period \$1,000.00 |
| 5. Full Name, Mailing Address and ZIP Code Ackerman for Congress | Purpose of Disbursement Representative: G. Ackerman '94 Re-election Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 10/26/94 | Amount of Each Disbursement This Period \$1,000.00 |
| 6. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| 7. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| 8. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| 9. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| SUBTOTAL of Disbursements This Page (optional) | | | \$4,000.00 |
| TOTAL This Period (not page this line number only) | | | \$4,000.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Information reported
in each category of the
disbursements page

PAGE

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FOR THIS PAGE

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Any information contained herein such Reports and Statements shall not be sold or used by any person for the purpose of soliciting contributions or for campaign purposes, other than using the name and address of any political committee to solicit contributions from such organization.

NAME OF COMMITTEE (or Party)

AII Systems Inc. Political Action Committee

| | | | |
|---|--|---------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code Lands for Congress '94 | Purpose of Disbursement Representative B. Landa '94 Re-elec. Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) 7/2/94 | Amount of Each Disbursement This Page \$1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Friends of Congressman Rockbreadman | Purpose of Disbursement Representative G. Rockbreadman '94 Re-elec. Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) 7/1/94 | Amount of Each Disbursement This Page \$1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Achievers for Congress | Purpose of Disbursement Representative G. Achorn '94 Re-elec. Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) 7/27/94 | Amount of Each Disbursement This Page \$1,000.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| SUBTOTAL of Disbursements This Page (optional): | | | \$3,000.00 |
| TOTAL, This Page (last page this line number may) | | | \$3,000.00 |

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